



**SASKATCHEWAN FORMULARY COMMITTEE
BULLETIN FOR THE UPDATE TO THE
56th EDITION OF THE
SASKATCHEWAN FORMULARY**

The following listings are effective
April 1, 2007 unless otherwise
indicated.

**NEW FULL FORMULARY
LISTINGS:**

- Ethinyl estradiol/
desogestrel, tablet,
0.100mg/0.025mg
(7)/0.125mg/0.025mg (7)
/0.150mg/0.025mg (7)
(21 tablet);
0.100mg/0.025mg
(7)/0.125mg/0.025mg
(7)/0.150mg/0.025mg (7)
inert (7) (28 tablet)
(Linessa-ORG)
- Heparin sodium,
injection, 10,000IU/mL
(Heparin-LEO)
- Blood glucose test strip,
strip (iTest-ACM)
- Blood glucose test strip, strip
(TrueTrack Smart System-HOM)
- Blood glucose test strip, strip
(Sidekick Blood Glucose-HOM)

NEW FULL FORMULARY

INTERCHANGEABLE LISTINGS:

- Please see page 3 that summarizes
all of the new generics which have
been added since the last update.

NEW EDS LISTINGS:

- Sildenafil citrate, tablet, 20mg
(Revatio-PFI)
For the treatment of pulmonary
arterial hypertension on the
recommendation of a specialist.
NOTE:The maximum dose that
will be provided as a benefit is
20mg three times daily.

- Darunavir, tablet, 300mg
(Prezista-JAN)
For the management of HIV
disease in patients who have been
shown to be non-responsive or
resistant to all currently listed
protease inhibitors (except
Aptivus). *This drug, as with other
antivirals in the treatment of HIV,
should be used under the direction
of an infectious disease specialist.*
**The Committee noted that
darunavir (Prezista) and
tipranavir (Aptivus)-(see under
Revised EDS criteria) should be
used second line to all other less
costly protease inhibitors for the
treatment of HIV on the
recommendation of an
infectious disease specialist.**
- Emtricitabine/tenovir disoproxil
fumarate, tablet, 200mg/300mg
(Truvada-GSI)
For the management of HIV
disease in patients who have
experienced intolerance or adverse
effects with other less expensive
nucleoside combinations,
including lamivudine plus one of:
zidovudine or abacavir or
stavudine or didanosine. *This
drug as with other antivirals in
the treatment of HIV, should be
used under the direction of an
infectious disease specialist.*
- Lopinavir/ritonavir, tablet,
200mg/50mg (Kaletra-ABB)
This drug is subject to the current
EDS criteria.
- Chorionic Gonadotropin,
injection, 10,000IU/vial (OMG)
This product is subject to the
current EDS criteria. Please note
that the previously listed Profasi
HP-SRO has been discontinued by
the manufacturer.

REVISED EDS CRITERIA:

- Mycophenolate mofetil, capsule,
250mg; tablet, 500mg; powder for
oral suspension, 200mg/mL
(CellCept-HLR): the addition of
criteria (C): For the treatment of
nephrotic syndrome in cases of
biopsy-proven evidence of severe
proliferative lesions or sclerosis,
which have not responded after a
6 month course of
cyclophosphamide, or in patients
intolerant to cyclophosphamide.
- Amprenavir, capsule, 50mg,
150mg; oral solution, 15mg/mL
(Agenerase-GSK): For the
management of HIV disease. *This
drug as with other antivirals in
the treatment of HIV should be
used under the direction of an
infectious disease specialist.*
- Fosamprenavir calcium, tablet,
700mg (Telzir-GSK): For the
management of HIV disease. *This
drug as with other antivirals in
the treatment of HIV should be
used under the direction of an
infectious disease specialist.*
- Adalimumab, 40mg/0.8mL,
pre-filled syringe (Humira-ABB):
the addition of criteria (C): For
the treatment of psoriatic arthritis
in patients who have failed or are
intolerant to methotrexate and one
other DMARD.
- Tipranavir, capsule, 250mg
(Aptivus-BOE)
For the management of HIV
disease in patients who have been
shown to be non-responsive or
resistant to all currently listed
protease inhibitors (except
Prezista). *This drug, as with other
antivirals in the treatment of HIV,
should be used under the direction
of an infectious disease specialist.*

As outlined above, the Committee noted that tipranavir (Aptivus) and darunavir (Prezista) should be used second line to all other less costly protease inhibitors for the treatment of HIV.

CURRENTLY UNDER REVIEW WITH THE COMMON DRUG REVIEW PROCESS (as of the printing of this Bulletin):

Denavir, Exjade, Myozyme, Orenicia, Sutent, Tramacet, Tysabri, Vantas, Prexige, Azilect, Altace HCT, Sebivo, Baraclude.

PRODUCTS NOT RECOMMENDED FOR COVERAGE VIA THE COMMON DRUG REVIEW (CDR) PROCESS:

The following products were reviewed by the Canadian Expert Drug Advisory Committee (CEDAC) under the National Common Drug Review (CDR) process and not recommended for coverage under provincial drug plans. The CEDAC recommendations were supported by the Saskatchewan drug review committees which in turn noted the following:

- Adefovir dipivoxil, tablet, 10mg (Hepsera-GSI) due to insufficient data in lamivudine-resistant patients with hepatitis B. In addition there is an incremental cost to the product.
- Solifenacin succinate, tablet, 5mg, 10mg (Vesicare-FUJ) as there is insufficient clinical evidence that this product offers a therapeutic advantage in the treatment of overactive bladder to justify its potential for adverse effects in the age group most commonly treated for this indication.
- Escitalopram oxalate, tablet, 5mg, 10mg (Ciprallex-LUD) as there is insufficient clinical evidence that this product offers a therapeutic advantage over less costly alternatives currently listed in the Formulary.

- Alefacept, powder for solution, 15mg/0.5mL (Amevive-BGN) as the evidence of clinical benefit is insufficient to justify the incremental cost.
- Darifenacin, tablet, 7.5mg, 15mg (Enablex-NVR)
Not recommended as this product offers no clinical advantage to justify the incremental cost over listed alternatives.

WITHDRAWN BY THE MANUFACTURER

- Ramipril/felodipine, extended release tablet, 2.5mg/2.5mg, 5mg/5mg
(Altace plus Felodipine-AVT)

OTHER PRODUCTS NOT RECOMMENDED BY THE SASKATCHEWAN REVIEW COMMITTEES:

- Trosipium chloride, tablet 20mg (Trosec-ORX)
Not recommended as this product offers no clinical advantage to justify the incremental cost over listed alternatives.
- Fenofibrate, capsule, 160mg (Fenomax-ORX)
This product was not recommended as the innovator brand is not listed. This product offers no advantage over the currently listed formulation of fenofibrate.
- Warfarin sodium, tablet, 6mg, 7.5mg (Gen-Warfarin-GPM)
These strengths were not recommended as there is insufficient evidence to justify the need for these additional strengths.
- Ramipril, capsule 15mg (Altace-AVT)
This product was not recommended as there was insufficient clinical evidence submitted to justify the line extension.
- Ethinyl estradiol/etonogestrel, vaginal ring, 12ug/24hrs/15ug/24hrs (NuvaRing-ORG)
This product was not recommended as it offers little therapeutic advantage over oral agents and is more costly.

- Niacin, extended release tablet, 500mg, 750mg, 1000mg (Niaspan-ORX)
This product was not recommended as the convenience of once a day dosing and the possibility of less flushing does not justify the incremental cost.
- Infliximab, injection, 100mg/vial (Remicade-SCH)
Coverage was not recommended for the treatment of ankylosing spondylitis as the clinical benefit does not justify the incremental cost.
- Etanercept, powder for injection (vial), 50mg/mL (Enbrel-AMG)
Coverage was not recommended for the treatment of ankylosing spondylitis as the clinical benefit does not justify the incremental cost.

OTHER PRODUCTS CURRENTLY UNDER REVIEW IN

SASKATCHEWAN INCLUDE:
Biphentin-PFR; Remodulin-NTI; Rituxan-HRL (for rheumatoid arthritis); Alvesco-ATA; Sandoz Cyclosporine-SDZ.

FROM THE ADVISORY COMMITTEE ON INSTITUTIONAL PHARMACY PRACTICE:

There are no new products recommended for listing.

The following products have been approved prior to the April update in accordance with the new generic streamlining policy. Pharmacies were notified of these additions through Pharmacy Bulletins.

**NEW INTERCHANGEABLE
LISTINGS EFFECTIVE
DECEMBER 1, 2006**

- Famciclovir, tablet, 125mg, 250mg, 500mg (Sandoz Famciclovir-SDZ)
- Venlafaxine HCl, capsule, 37.5mg, 75mg, 150mg (Novo-Venlafaxine XR-NOP)

**NEW INTERCHANGEABLE
LISTINGS EFFECTIVE JANUARY 15, 2007**

- Acetylsalicylic acid, enteric coated tablet, 325mg (pms-ASA EC-PMS)
- Acyclovir, tablet, 200mg, 400mg, 800mg (Novo-Acyclovir-NOP)
- Famciclovir, tablet, 125mg, 250mg, 500mg (pms-Famciclovir-PMS)
- Levetiracetam, tablet, 250mg, 500mg, 750mg (Apo-Levetiracetam-APX)
- Mirtazapine, tablet, 15mg, 30mg, 45mg (Apo-Mirtazapine-APX)
- Pramipexole, tablet, 0.25mg, 0.5mg, 1mg, 1.5mg (pms-Pramipexole-PMS)
- Ramipril, capsule, 1.25mg, 2.5mg, 5mg, 10mg (Apo-Ramipril-APX) (ratio-Ramipril-RPH)
- Sotalol HCl, tablet, 160mg (Sandoz Sotalol-SDZ)
- Warfarin, tablet, 3mg (Gen-Warfarin-GPM)

**NEW INTERCHANGEABLE
EDS LISTINGS EFFECTIVE
JANUARY 15, 2007 SUBJECT
TO CURRENT CRITERIA:**

- Alendronate sodium, tablet, 70mg (pms-Alendronate FC-PMS)
- Bupropion HCl, tablet, 100mg, 150mg (Sandoz Bupropion SR-SDZ)
- Lactulose, syrup, 667mg/mL (GPI-Lactulose-GPI)
- Leflunomide, tablet, 10mg, 20mg (pms-Leflunomide-PMS)
- Omeprazole, tablet, 20mg (ratio-Omeprazole-RPH)
- Oxcarbazepine, tablet, 150mg, 300mg, 600mg (Apo-Oxcarbazepine-APX)
- Sumatriptan, tablet, 25mg, 50mg, 100mg (Novo-Sumatriptan DF-NOP)

**NEW INTERCHANGEABLE
LISTINGS EFFECTIVE
FEBRUARY 1, 2007**

- Digoxin, tablet, 0.0625mg, 0.125mg, 0.25mg (Apo-Digoxin-APX), (pms-Digoxin-PMS)
- Pramipexole dihydrochloride, tablet, 0.25mg, 0.5mg, 1mg, 1.5mg (Novo-Pramipexole-NOP)

**NEW INTERCHANGEABLE
EDS LISTINGS EFFECTIVE
FEBRUARY 1, 2007 SUBJECT
TO CURRENT CRITERIA:**

- Alendronate, tablet, 10mg, 70mg (Sandoz-Alendronate-SDZ)
- Bupropion HCl, SR tablet, 100mg, 150mg, (ratio-Bupropion SR-RPH)

**NEW INTERCHANGEABLE
LISTINGS EFFECTIVE
MARCH 1, 2007**

- Cilazapril, tablet, 1mg, 2.5mg, 5mg (Apo-Cilazapril-APX)
- Methylphenidate HCl, sustained release tablet, 20mg (Apo-Methylphenidate SR-APX)
- Perindopril erbumine, tablet, 8mg (Apo-Perindopril-APX)
- Tamsulosin HCl, sustained release capsule, 0.4mg (Novo-Tamsulosin-NOP)

**NEW INTERCHANGEABLE
LISTINGS EFFECTIVE
APRIL 1, 2007**

- Cilazapril, tablet, 2.5mg, 5mg (CO Cilazapril-COB)
- Famciclovir, tablet, 125mg, 250mg, 500mg (Apo-Famciclovir-APX)
- Sertraline HCl, capsule, 25mg, 50mg, 100mg (CO Sertraline-COB)
- Neomycin/gramicidin/nystatin/triamcinolone, cream, 0.1% (ratio-Triacomb-RPH)

Saskatchewan Formulary Committee
2nd Floor, 3475 Albert Street
Regina, Saskatchewan S4S 6X6

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FORMULARY AND EDS UPDATES EFFECTIVE APRIL 1, 2007

<u>GENERIC & TRADE NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>UNIT PRICE</u>	<u>LEGEND</u>
Blood Glucose Test Strip				
TrueTrack	strip	00950957	0.4557	Not I/C
Sidekick	strip	00950948	0.5371	Not I/C
iTest	strip	00950956	0.7053	Not I/C
Chorionic gonadotropin				
Chorionic Gonadotropin	10,000IU/vial injection	02247459	68.3600	EDS/Non I/C
Cilazapril				
CO Cilazapril	2.5mg tablet	02285215	0.4649	I/C
CO Cilazapril	5mg tablet	02285223	0.5400	I/C
Darunavir				
Prezista	300mg tablet	02284057	7.2100	EDS
Desmopressin				
Apo-Desmopressin	0.1mg tablet	02284030	1.0756	I/C EDS
Apo-Desmopressin	0.2mg tablet	02284049	2.1512	I/C EDS
Emtricitabine/tenofovir disoproxil fumarate				
Truvada	200mg/300mg tablet	02274906	26.0500	EDS
Ethinyl estradiol/desogestrel				
Linessa	0.1mg/0.025mg/0.125mg/0.025/ 0.15mg/0.025mg tablet (21)	02272903	12.5900	
Linessa	0.1mg/0.025mg/0.125mg/0.025/ 0.15mg/0.025mg, inert tabs (28)	02257238	12.5900	
Famciclovir				
Apo-Famciclovir	125mg tablet	02292025	2.1961	I/C
Apo-Famciclovir	250mg tablet	02292041	2.9512	I/C
Apo-Famciclovir	500mg tablet	02292068	4.5874	I/C
Heparin sodium				
Heparin Leo	10,000U/mL injection solution	00579718	2.2948	I/C
Lopinavir/ritonavir				
Kaletra	200mg/50mg tablet	02285533	5.4931	EDS
Neomycin/gramicidin/nystatin/triamcinolone acetonide				
ratio-Triacomb	2.5mg/0.25mg/100,000U/ 1mg per g topical cream	00550507	0.4159	I/C
Pramipexole dihydrochloride				
Apo-Pramipexole	0.25mg tablet	02292378	0.7519	I/C
Apo-Pramipexole	0.5mg tablet	02292386	1.5039	I/C
Apo-Pramipexole	1mg tablet	02292394	1.5039	I/C
Apo-Pramipexole	1.5mg tablet	02292408	1.5039	I/C
Risperidone				
Sandoz Risperidone	0.25mg tablet	02292807	0.2838	I/C
Sertraline HCl				
CO Sertraline	25mg capsule	02287390	0.5469	I/C
CO Sertraline	50mg capsule	02287404	1.0937	I/C
CO Sertraline	100mg capsule	02287412	1.1963	I/C
Sildenafil citrate				
Revatio	20mg tablet	02279401	10.7534	EDS

CRITERIA FOR NEW EXCEPTION DRUG STATUS (EDS) ADDITIONS

Effective April 1, 2007 the following products will be available for coverage under Exception Drug Status subject to the indicated criteria.

darunavir, tablet, 300mg (Prezista-JAN)

For management of HIV disease in patients shown to be non-responsive or resistant to all currently listed protease inhibitors (except Aptivus). *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

emtricitabine/tenovir disopoxil fumarate, tablet, 200mg/300mg (Truvada-GSI)

For management of HIV disease in patients who have experienced intolerance or adverse effects with other less expensive nucleoside combinations, including lamivudine plus one of: zidovudine, abacavir, stavudine or didanosine. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

+chorionic gonadotropin, injection, 10,000IU/vial (Chorionic Gonadotropin-OMG)

For treatment of:

- (a) Habitual abortion
- (b) Delayed puberty

***desmopressin, tablet, 0.1mg, 0.2mg (Apo-Desmopressin-APX)**

New interchangeable - same criteria as other brand listed in Appendix A, page 228.

lopinavir/ritonavir, tablet, 200mg/50mg (Kaletra-ABB)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

sildenafil citrate, tablet, 20mg (Revatio-PFI)

For treatment of pulmonary arterial hypertension on the recommendation of a specialist. The maximum dose should be 20mg three times a day.

MODIFICATIONS TO CURRENT EXCEPTION DRUG STATUS (EDS) CRITERIA

Effective April 1, 2007 criteria for the following product is modified as indicated:

adalimumab, 40mg/0.8mL, pre-filled syringe (Humira-ABB)

- (c) for treatment of psoriatic arthritis in patients who have failed or are intolerant to methotrexate and one other DMARD.

amprenavir, capsule, 50mg, 150mg; oral solution, 15mg/mL (Agenerase-GSK)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

fosamprenavir calcium, tablet, 700mg (Telzir-GSK)

For management of HIV disease. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

mycophenolate mofetil, capsule, 250mg; tablet, 500mg; powder for oral suspension, 200mg/mL (CellCept-HLR)

- (c) for treatment of nephrotic syndrome in cases of biopsy-proven evidence of severe proliferative lesions or sclerosis, which have not responded after a 6 month course of cyclophosphamide, or in patients unable to tolerate cyclophosphamide.

tipranavir, capsule, 250mg (Aptivus-BOE)

For management of HIV disease in patients shown to be non-responsive or resistant to all currently listed protease inhibitors (except Prezista). *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

* Interchangeable

+ Non-interchangeable

FORMULARY AND EDS UPDATES EFFECTIVE MARCH 1, 2007

<u>GENERIC & TRADE NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>UNIT PRICE</u>	<u>LEGEND</u>
Cilazapril				
Apo-Cilazapril	1mg tablet	02291134	0.4033	I/C
Apo-Cilazapril	2.5mg tablet	02291142	0.4649	I/C
Apo-Cilazapril	5mg tablet	02291150	0.5400	I/C
Methylphenidate HCl				
Apo-Methylphenidate SR	20mg sustained release tablet	02266687	0.3650	I/C
Perindopril erbumine				
Apo-Perindopril	8mg tablet	02289296	0.9684	I/C
Tamsulosin HCl				
Novo-Tamsulosin	0.4mg sustained release capsule	02281392	0.6510	I/C

FORMULARY AND EDS UPDATES EFFECTIVE FEBRUARY 1, 2007

<u>GENERIC & TRADE NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>UNIT PRICE</u>	<u>LEGEND</u>
Alendronate sodium				
Sandoz Alendronate	10mg tablet	02288087	1.1997	I/C EDS
Sandoz Alendronate	70mg tablet	02288109	6.0489	I/C EDS
Bupropion hydrochloride				
ratio-Bupropion SR	100mg tablet	02285657	0.4047	I/C EDS
ratio-Bupropion SR	150mg tablet	02285665	0.5469	I/C EDS
Digoxin				
Apo-Digoxin	0.0625mg tablet	02281236	0.1650	I/C
Apo-Digoxin	0.125mg tablet	02281228	0.1532	I/C
Apo-Digoxin	0.25mg tablet	02281201	0.1532	I/C
pms-Digoxin	0.0625mg tablet	02245426	0.1650	I/C
pms-Digoxin	0.125mg tablet	02245427	0.1532	I/C
pms-Digoxin	0.25mg tablet	02245428	0.1532	I/C
Pramipexole dihydrochloride				
Novo-Pramipexole	0.25mg tablet	02269309	0.7519	I/C
Novo-Pramipexole	0.5mg tablet	02269317	1.5039	I/C
Novo-Pramipexole	1mg tablet	02269325	1.5039	I/C
Novo-Pramipexole	1.5mg tablet	02269333	1.5039	I/C

CRITERIA FOR NEW EXCEPTION DRUG STATUS (EDS) ADDITIONS

EDS UPDATE EFFECTIVE FEBRUARY 1, 2007

Effective February 1, 2007 the following products will be available for coverage under Exception Drug Status subject to the indicated criteria.

***alendronate sodium, tablet, 10mg, 70mg (Sandoz Alendronate-SDZ)**

New interchangeable - same criteria as other brands listed in Appendix A, page 219.

***bupropion HCl, tablet, 100mg, 150mg (ratio-Bupropion SR-RPH)**

New interchangeable - same criteria as other brands listed in Appendix A, page 223.

PRODUCT DELISTED

***acetylsalicylic acid, enteric coated tablet, 325mg, 625mg (Novasen-NOP)**

Effective February 1, 2007, acetylsalicylic acid, enteric coated tablet, 325mg, 625mg (Novasen-NOP) is delisted at the manufacturers request. Claims will still adjudicate to allow for inventory clearance.

FORMULARY AND EDS UPDATES EFFECTIVE JANUARY 15, 2007

<u>GENERIC & TRADE NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>UNIT PRICE</u>	<u>LEGEND</u>
Acetylsalicylic acid				
pms-ASA EC	325mg enteric coated tablet	02285371	0.0304	I/C
Acyclovir				
Novo-Acyclovir	200mg tablet	02285959	0.9530	I/C
Novo-Acyclovir	400mg tablet	02285967	1.8758	I/C
Novo-Acyclovir	800mg tablet	02285975	3.0985	I/C
Alendronate sodium				
pms-Alendronate FC	70mg tablet	02284006	6.0489	I/C EDS
Famciclovir				
pms-Famciclovir	125mg tablet	02278081	2.1916	I/C
pms-Famciclovir	250mg tablet	02278103	2.9512	I/C
pms-Famciclovir	500mg tablet	02278111	4.5874	I/C
Bupropion hydrochloride				
Sandoz Bupropion SR	100mg tablet	02275074	0.4047	I/C EDS
Sandoz Bupropion SR	150mg tablet	02275082	0.5469	I/C EDS
Lactulose				
GPI-Lactulose	667mg/mL syrup	02280078	0.0158	I/C EDS
Leflunomide				
pms-Leflunomide	10mg tablet	02288265	6.5553	I/C EDS
pms-Leflunomide	20mg tablet	02288273	6.5553	I/C EDS
Levetiracetam				
Apo-Levetiracetam	250mg tablet	02285924	1.2125	I/C
Apo-Levetiracetam	500mg tablet	02285932	1.4811	I/C
Apo-Levetiracetam	750mg tablet	02285940	2.1077	I/C
Mirtazapine				
Apo-Mirtazapine	15mg tablet	02286610	0.4069	I/C
Apo-Mirtazapine	30mg tablet	02286629	0.8463	I/C
Apo-Mirtazapine	45mg tablet	02286637	1.2207	I/C
Oxcarbazepine				
Apo-Oxcarbazepine	150mg tablet	02284294	0.6104	I/C EDS
Apo-Oxcarbazepine	300mg tablet	02284308	1.2207	I/C EDS
Apo-Oxcarbazepine	600mg tablet	02284316	2.4413	I/C EDS
Pramipexole				
pms-Pramipexole	0.25mg tablet	02290111	0.7519	I/C
pms-Pramipexole	0.5mg tablet	02290138	1.5039	I/C
pms-Pramipexole	1.0mg tablet	02290146	1.5039	I/C
pms-Pramipexole	1.5mg tablet	02290154	1.5039	I/C
Omeprazole				
ratio-Omeprazole	20mg tablet	02260867	1.3563	I/C EDS

<u>GENERIC & TRADE NAME</u>	<u>STRENGTH & FORM</u>	<u>DIN</u>	<u>UNIT PRICE</u>	<u>LEGEND</u>
Ramipril				
Apo-Ramipril	1.25mg capsule	02251515	0.4937	I/C
Apo-Ramipril	2.5mg capsule	02251531	0.5697	I/C
Apo-Ramipril	5mg capsule	02251574	0.5697	I/C
Apo-Ramipril	10mg capsule	02251582	0.7216	I/C
Ramipril				
ratio-Ramipril	1.25mg capsule	02287692	0.4937	I/C
ratio-Ramipril	2.5mg capsule	02287706	0.5697	I/C
ratio-Ramipril	5mg capsule	02287714	0.5697	I/C
ratio-Ramipril	10mg capsule	02287722	0.7216	I/C
Sotalol HCl				
Sandoz Sotalol	160mg tablet	02257858	0.7044	I/C
Sumatriptan				
Novo-Sumatriptan DF	25mg tablet	02286815	9.7542	I/C EDS
Novo-Sumatriptan DF	50mg tablet	02286823	9.8356	I/C EDS
Novo-Sumatriptan DF	100mg tablet	02286831	10.8356	I/C EDS
Warfarin				
Gen-Warfarin	3mg tablet	02287498	0.2536	I/C

LEGEND: EDS-Exception Drug Status; I/C-Interchangeable; Not I/C-Not Interchangeable

CRITERIA FOR NEW EXCEPTION DRUG STATUS (EDS) ADDITIONS

EDS UPDATE EFFECTIVE JANUARY 15, 2007

Effective January 15, 2007 the following products will be available for coverage under Exception Drug Status subject to the indicated criteria.

***alendronate sodium, tablet, 70mg (pms-Alendronate FC-PMS)**

New interchangeable - same criteria as other brands listed in Appendix A, page 219.

***bupropion HCl, tablet, 100mg, 150mg (Sandoz Bupropion SR-SDZ)**

New interchangeable - same criteria as other brands listed in Appendix A, page 223.

***lactulose, syrup, 667mg/mL (GPI-Lactulose-GPI)**

New interchangeable - same criteria as other brands listed in Appendix A, page 238.

***leflunomide, tablet, 10mg, 20mg (pms-Leflunomide-PMS)**

New interchangeable - same criteria as other brands listed in Appendix A, page 239.

***omeprazole, capsule/tablet, 20mg (ratio-Omeprazole-RPH)**

New interchangeable - same criteria as other brands listed in Appendix A, page 244.

***oxcarbazepine, tablet, 150mg, 300mg, 600mg (Apo-Oxcarbazepine-APX)**

New interchangeable - same criteria as other brands listed in Appendix A, page 245.

***sumatriptan, tablet, 25mg, 50mg, 100mg (Novo-Sumatriptan DF-NOP)**

New interchangeable - same criteria as other brand listed in Appendix A, page 251.